



REQUEST FOR PAYMENT

PAYMENT PROCEDURE: This form must be used to request payment of your grant award. Since you may request only as much of your grant as you plan to expend within a 60-day period, several Request for Payment forms have been included with your packet of grant award materials. Please use one of them every time you seek an additional payment of grant funds.

Payment of the final 10% of the grant amount will be awarded upon receipt of a completed Evaluation Form at the end of the project period. An evaluation form is included with the other materials you received with your information packet. Please do not request the final 10% of the grant unless your Request for Payment is accompanied by the evaluation. Failure to submit an Evaluation Form will jeopardize any future funding from the South Dakota Arts Council.

GRANTEE NAME: _____

MAILING ADDRESS: _____
(Street Address / PO Box) (City) (State) (Zip)

Daytime telephone number: _____ Email address: _____

Grant Type

(check only 1)

Grants to Artists

_____ Artist Grant
_____ Artist Collaboration Grant
_____ Traditional Arts Apprenticeship Grant

Grants to Schools & Organizations

_____ Arts Challenge Grant
_____ Importation of Musicians Grant
_____ Professional Development Grant
_____ Project Grant
_____ SDAC Initiative Grant
_____ Statewide Services Grant
_____ Technical Assistance Grant

Total Grant Award: \$ _____

Funds Received to Date: \$ _____

Amount of this Request: \$ _____

Balance Remaining: \$ _____

Signature of Grant Recipient or Recipient's Authorized Official

Date

APPROVED BY: _____

Signature of SDAC Official

Date